

HOGG ROBINSON STAFF CO-OPERATIVE MULTIPURPOSE SOCIETY

SAVE OUR SOUL (SOS)

NAME:..... DEPT.....

DATE JOINED COOP SOCIETY:.....

AMOUNT REQUIRED:.....(ATTACH PAYSLIP PLS)

OUTSTANDING LOAN WITH COOP:.....

IF YES, PLEASE SPECIFY THE TYPE:.....

.....
SIGNATURE OF APPLICANT

TO BE COMPLETED BY TWO GUARANTORS

We guarantee the above named applicant to the amount of loan required.
In the event of default, we will be responsible jointly and severally for any outstanding balance.

NAME, SIGNATURE & DATE

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FOR COMMITTEE USE ONLY

HAVING CHECKED THE NECESSARY RECORDS, IT IS CONFIRMED THAT THE NAMED STAFF CAN BE CONSIDERED.

DATE

MOTTO: EACH FOR ALL & ALL FOR EACH